
SDBOP Online iLems® Profile & Renewal Training Manual Version 1.0

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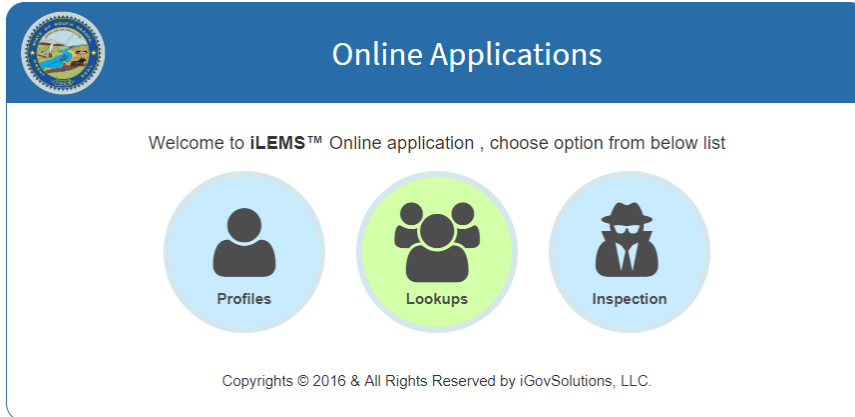
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Introduction

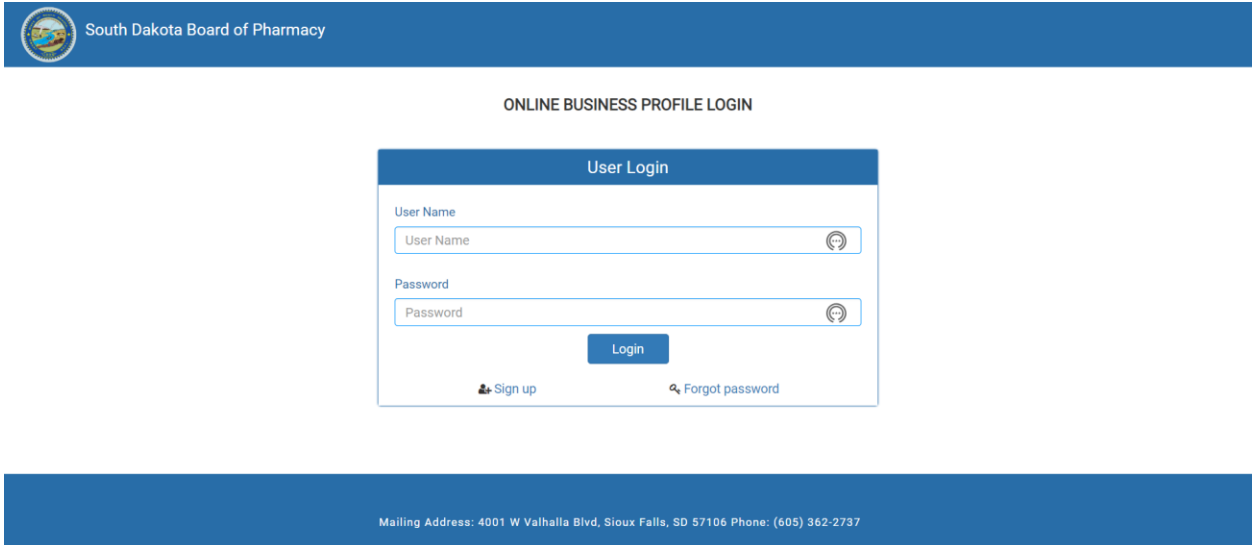
This document will guide the user through the necessary steps to navigate the Online iLems[®] Profile & Renewal module.

Profile

1. Click on “Profile” of the Online Applications
(https://sdbop.igovsolution.com/online/User_login.aspx)



2. On clicking the profile, it will take you to the Online Profile Login – User Login / Sign up page



- 2.1. Click Sign up page and in the Registration screen then select the permit type from the drop-down, enter the permit number, enter the Physical zip (Zip code of Parent company / Headquarters)

ONLINE BUSINESS PROFILE

Registration **Step 1 / 2**

Please provide the information below.
[Click here to verify your Permit #.](#)

* Permit Type
Wholesale

* Permit #
600-0004

* Physical Zip
11788

[Next](#)

[? Forgot Password](#)

2.2. Click Next and enter the credentials in the below screen and click Submit

Credentials **Step 2 / 2**

* Email
roy@igovsolution.com

* Confirm Email
roy@igovsolution.com


* User Name
TestRoy

* Password
.....

* Confirm Password
.....

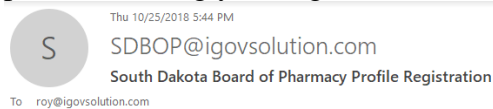
[Previous](#) [Submit](#)

Alert Message

 User registration successful.

 Ok

2.3 Once user registration is successful an e-mail will be triggered to the e-mail that you provided during your registration, like below:



Thank you for registering with the South Dakota Board of Pharmacy. Your user name is TestWholesaler1 and your password has been set as requested. Please do not reply to this email.



2.4 Use the user id and password to login in the Profile page and it will take you to the MyProfile page like below:

User Login

User Name

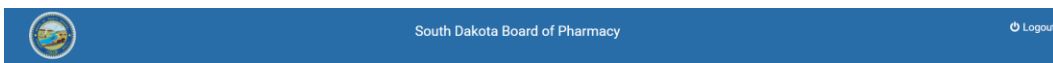
TestWholesaler1

Password

Login

Sign up

Forgot password



My Profile

(Click the edit buttons to make changes to your information)

Business Profile Information

Business Profile Information

Business Name

Test Wholesaler

Ownership Type

C

Responsible Person

Roy1

License Type

Wholesale

DBA

TW2018-319

Title

SR

Edit

Registration Information

Type	License #	Issue Date	Exp Date	Status	Last Renewal Date	Renewal
Filters	Filters	Filters	Filters	Filters	Filters	Renew
Wholesale	600-0000	10/31/2014	10/09/2018	Current/inactive	10/10/2017	Renew

2.5 In the MyProfile page you can edit the information:

- **Business Profile Information:** In this section the Name of the business, License type, Ownership Type, DBA, Responsible person, Title are captured. And only Ownership type, DBA, Responsible person, Title fields are editable

Business Profile Information Edit

Business Name Test Wholesaler	License Type Wholesale
* Ownership Type Partnership	* DBA TW2018-319
* Responsible Person Roy1	* Title SR

Save Cancel

- **Registration Information:** This section contains the License information details like, Type, License#, Issue date, Exp. Date, status, Last renewal date, Renewal. These are non-editable fields. The Renew button used to Renew the license and it takes you to Renewal webpage. Licensee can also be able to print their Licenses / registration information from here by clicking on the Print button

Registration Information

Type	License #	Issue Date	Exp Date	Status	Last Renewal Date	Renewal	Certificate
Filters	Filters	Filters	Filters	Filters	Filters		
Wholesale	600-0000	10/31/2014	10/31/2019	Current/Active	10/31/2018		Print

- **Primary Address section:** This is the Physical location of the business i.e. the address in the Business information / demographics section. All the fields are editable
- **Mailing address information:** This is the mailing address information, if this is different from the physical address location and this is the address that is being used to send the certificate to the business. These are editable fields.
- **Contact Information:** This section contains the phone number, e-mail, fax etc. of the business. These are editable fields.
- **Document details:** This section contains all the documents uploaded as part of the Renewal, also this section can be used if the licensee would like to upload any additional documents by using the correct document type from the Document type drop down list, use the attach document to select / browse the file from the local folder and then use the Upload document. Any documents that uploaded / showing in this Documents section can also be downloaded
- **Renewal Details:** In this section licensee can check the status of their Renewal application – if it's Pending or if it's Cleared, if it's Cleared then in the Registration information grid it will show the updated license expiration date, Last renewal date. Also, you can print your online submitted Renewal form, if needed.

Renewal Details

Order ID	License Number	Renewal Date	Status	E-Signature	Print
Filters	Filters	Filters	Filters	Filters	
20181027000000001	600-0000	10/27/2018	Clear	Test Wholesaler	Print
20181027000000002	600-0000	10/27/2018	Pending	Test Wholesaler	Print


Renewal

1. After validating all the information in the MyProfile section click on the Renew icon on the profile section

Registration Information

Type	License #	Issue Date	Exp Date	Status	Last Renewal Date	Renewal
Filters	Filters	Filters	Filters	Filters	Filters	
Wholesale	600-0000	10/31/2014	10/09/2018	Current/Inactive	10/10/2017	Renew

2. After clicking on the Renewal icon click on the confirmation message

 Confirmation Message

By continuing to renew my license/registration, I affirm that I have reviewed all the sections of my profile and the information in my profile is accurate.

☒ Yes
 ☐ No

3. It will take you to the Renewal screen where it will show the Instructions, Demographics (Physical location of the business), Type of Distribution (for Wholesaler), Type of Prescription (for Wholesaler), Types of Customers you sell / distribute (for Wholesaler), Ownership (for Wholesaler), and etc. other relevant pages for Wholesaler.
 - a. Instructions – this page contains all the pertinent instructions related to the License / permit type
 - b. Demographics – this is the Physical location of the Business / permit. This section is non editable
 - c. Type of Ownership – This section is the types of Ownership. These are Multi select fields:
 - i. If selecting Manufacturing Distributor, 503B Outsourcing Facility then you will get an option to enter the FDA# which is a Mandatory field

Type of Distribution

☐ Wholesale Distributor
 ☐ Manufacturing Distributor
 ☐ Repackager
 ☐ Reverse Distributor

☒ 503B Outsourcing Facility
 ☐ Virtual Manufacturing
 ☐ Virtual Distributor
 ☐ In State Only - Third Party Logistics Provider

☐ Distribution Center
 ☐ Other

* FDA #

FDA #

- ii. If selecting Virtual Distributor then the option to enter the 3PL details will populate, where you can enter the Name, Address, City State Zip County for the 3PL. Also, there are mandatory upload fields for uploading Copy of 3PL agreement, first page along with Signature page, 3PL VAWD accreditation.

Type of Distribution (Check all that apply)

- ☐ Wholesale Distributor
 ☐ Manufacturing Distributor
 ☐ Repackager
 ☐ Reverse Distributor
☐ 503B Outsourcing Facility
 ☐ Virtual Manufacturing
 ☒ Virtual Distributor
☐ Distribution Center
 ☐ Other

3PL details

* Name <input type="text"/>	* Address1 <input type="text"/>	Address2 <input type="text"/>	Address3 <input type="text"/>
* City <input type="text"/>	* State <input type="text"/>	* County <input type="text"/>	* Zip <input type="text"/>

Copy of 3PL agreement, first page, along with signature page
3PL VAWD accreditation upload

[Attach Document](#) [Attach Document](#)

[Previous](#)

[Next](#)

- iii. If selecting Virtual Manufacturing option then you will get the option to enter the 3PL details (name, address, city, state, county, zip) along with mandatory upload options for copy of agreement first page, Signature page, 3PL VAWD accreditation, product list. Also, the option of Contract Manufacturer to enter and upload options, if you need to add more than 1 contract manufacturer details then use the Click here to add more button and save

Type of Distribution (Check all that apply)

- ☐ Wholesale Distributor
 ☐ Manufacturing Distributor
 ☐ Repackager
 ☐ Reverse Distributor
☐ 503B Outsourcing Facility
 ☒ Virtual Manufacturing
 ☐ Virtual Distributor
☐ Distribution Center
 ☐ Other

3PL details

* Name <input type="text"/>	* Address1 <input type="text"/>	Address2 <input type="text"/>	Address3 <input type="text"/>
* City <input type="text"/>	* State <input type="text"/>	* County <input type="text"/>	* Zip <input type="text"/>

Copy of 3PL agreement, first page, along with signature page
3PL VAWD accreditation upload

[Attach Document](#) [Attach Document](#)

Contract Manufacturer

* Name <input type="text"/>	* Address1 <input type="text"/>	Address2 <input type="text"/>	Address3 <input type="text"/>
* City <input type="text"/>	* State <input type="text"/>	* County <input type="text"/>	* Zip <input type="text"/>

Copy of Agreement first page
Product list
Copy of Signature page
Contract Manufacturer

[Attach Document](#) [Attach Document](#) [Attach Document](#)

[Click here to add more](#)

- iv. If option selected as Other, then an option to enter the explanation with text box will appear which is a Mandatory field

Type of Distribution

- ☐ Wholesale Distributor
 ☐ Manufacturing Distributor
 ☐ Repackager
 ☐ Reverse Distributor
☐ 503B Outsourcing Facility
 ☐ Virtual Manufacturing
 ☐ Virtual Distributor
 ☐ In State Only - Third Party Logistics Provider
☐ Distribution Center
 ☒ Other

* Other

Note: If the license is Out of State i.e.(South Dakota) then you will not see the In State Only – Third Party Logistics provider option under Type of Distribution tab

- d. Type of Prescription: this is a multi select options.

- i. If you select DEA controlled substance then you will get 2 Mandatory fields i.e. DEA# and Controlled substances#

Type of Prescription Drugs/Products

☒ DEA Controlled Substance
 ☐ Ephedrine or pseudoephedrine products
 ☐ Noncontrolled prescription drugs ('federal legend')
☐ Over-the-counter drugs
 ☐ Veterinary prescription drugs
 ☐ Medical Gases
☐ Other

* DEA # * Controlled Substance #

Copy of current Federal DEA Certificate [Attach Document](#)

If registration is needed, contact the SD Dept. of Health, Attn: Licensure & Certification, 615 E 4th St, Pierre, SD 57501 for information regarding SD controlled substance registration. Phone 605-773-3356 or download application from <http://doh.sd.gov/providers/assets/applab.pdf>

- ii. If selected option Other then you will get a field for Explanation text box

Type of Prescription Drugs/Products

☐ DEA Controlled Substance
 ☐ Ephedrine or pseudoephedrine products
 ☐ Noncontrolled prescription drugs ('federal legend')
☐ Over-the-counter drugs
 ☐ Veterinary prescription drugs
 ☐ Medical Gases
☒ Other

* Enter Explanation

- e. Types of Customers you sell / distribute: this is a multi select options field. If the option Other selected, then you will get a field to enter explanation

Types of Customers you sell/distribute (Check all that apply)

☒ Pharmacies
 ☒ Hospitals
 ☒ Other Wholesalers
☒ Practitioners/Clinics
 ☒ Patients
 ☒ Other

* Enter Explanation

- f. Ownership: This is Single select option field.

- i. If selected Sole proprietorship, then you will get the fields to enter values for Name, Address, City, State, Zip, County. All these fields are Mandatory
- ii. If Partnership option is selected, then use the Click Here to add more button to enter the Name and address of the Partnership & Partner names listed, this window consists of Name, Address (lines 1, 2, 3), city, state, county, zip. And click Save button. All these fields are mandatory

Ownership

☐ Sole Proprietorship
 ☒ Partnership
 ☐ Corporation
 ☐ Other

Name and Address of Partnership [Click Here To Add More](#)

Partner names listed

Name and Address Of Partnership

* Name

* Address1

Address2

Address3

* City

* State

* County

* Zip

[Save](#) [Cancel](#)

[Previous](#) [Next](#)

Ownership

☐ Sole Proprietorship ☒ Partnership ☐ Corporation ☐ Other

Name and Address of Partnership [Click Here To Add More](#)

Partner names listed

Partner names listed

* Name	* Address1
Name	Address1
Address2	Address3
Address2	Address3
* City	* State
City	Select State
* County	* Zip
Select County	Zip

Save Cancel

Previous Next

iii. If option Corporation is selected then you will get the below option to enter fields, which are all mandatory

Ownership

☐ Sole Proprietorship ☐ Partnership ☒ Corporation ☐ Other

Name and Address of Corporation [Click Here To Add Corporation](#)

Corporate officers listed

Corporation

* Name Of Corporate Officer	* Address1
Name Of Corporate Officer	Address1
Address2	Address3
Address2	Address3
* City	* State
City	Select State
* County	* Zip
Select County	Zip

Save Cancel

Previous Next

Ownership

☐ Sole Proprietorship ☐ Partnership ☒ Corporation ☐ Other

Name and Address of Corporation [Click Here To Add Corporation](#)

Corporate officers listed

corporate officers listed

* Name	* Address1
Name	Address1
Address2	Address3
Address2	Address3
* City	* State
City	Select State
* County	* Zip
Select County	Zip

Save Cancel

Previous Next

iv. If option of Other selected, then you will get a field to enter the explanation in the text box

Ownership

☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☒ Other

* Enter Explanation

Enter Explanation

- g. Registered agent in SD – **Note:** this option / page will only appear if the license is out of South Dakota. All the fields are mandatory. Also, if user want to see the list of the SD registered agents they can click on the link.

Registered Agent in SD

* Name <input type="text"/>	* Address1 <input type="text"/>	Address2 <input type="text"/>	Address3 <input type="text"/>
* City <input type="text"/>	* State <input type="text"/>	* County <input type="text"/>	* Zip <input type="text"/>

For a list of SD registered agents go to https://sdsos.gov/docs/business/CRA_list.pdf

- h. Home State license – **Note:** this option / page will only appear if the license is out of South Dakota. All the fields are mandatory. And also the attachment is mandatory for uploading the Home state license, Inspection document. The Home state is a drop-down list, Home state inspection is also a drop down list. SDBoP only accept Inspections which are conducted from January 1, 2015 onwards, prior to this date the system will not allow you to enter and proceed

Home State License

Home State License

* Home State <input type="text"/>	* Home State License # <input type="text"/>	* License Expiration Date <input type="text"/>
DEA # <input type="text"/>	FDA # <input type="text"/>	

Home State License

Home State Inspection

Type of Inspection <input type="text"/>	* Date of Inspection <input type="text"/>
Were there any deficiencies in the inspection identified above? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Inspection document

- i. Attachments – this section is to upload the mandatory document like Name, Title, Date, Physical signature of Owner or Corporate officer and optional list of all other states licensed in

Attachments

Owner or Corporate Officer Certification Form. Please refer the link below for more details.
<http://doh.sd.gov/boards/pharmacy/wholesalers.aspx>

List of all States licensed in

- j. Disciplinary question – This is the section pertinent to the disciplinary question, if they answer Yes, then option to enter explanation and also upload option will be available. If no, then you move to the next step / page

Disciplinary Actions

Have any misdemeanor or felony convictions or disciplinary actions (including pending) been taken against the applicant or the facility in the last 7 years? ☒ Yes ☐ No

Please enter relevant explanation

k. Application Preview page – This is where you can review the application before submitting

Application Preview

Instructions

At this time, online platform can be used for **RENEWALS** only.
New or change of ownership applications must be accomplished by paper application: <https://doh.sd.gov/boards/pharmacy/wholesalers.aspx>

General Information:

- License renewal period for Wholesale and Other Drug Distributor Licenses and 503B Outsourcing Facilities: November 1st to Dec 31st
- All licenses will expire December 31st and there is no grace period.
- For current Statutes and Rules, go to SDCL 36-11A and ARSD 20:67.
- You will be directed to Elavon's online payment website to make the required payment of \$250 (for All types of Distributors), \$200 for 503B Outsourcing Facilities
- If you are outside of South Dakota, a Registered Agent located in South Dakota is **required**. Name, address, city, zip code information will be needed.

You must complete the entire renewal application process from start to finish in one sitting

- The system does not retain any information entered until the application has been completed and submitted
- Have all of your renewal information and copies of documents for upload ready before beginning the online renewal process.

Documents needed for your renewal:

- Home State license or its equivalent if home state is not South Dakota.
- Most recent Home State, FDA, or VAWD inspection report (conducted within the last 4 years) for this facility if home state is not South Dakota. Include any deficiency correction documentation. Explain if an inspection is not available.
- Current Federal DEA certificate, if dispensing controlled substances.
- FDA number is needed if you are a manufacturing distributor or 503B Outsourcing Facility.
- Owner or Corporate Officer Certification Form. Form can be found on this page: <http://doh.sd.gov/boards/pharmacy/wholesalers.aspx>
- If you answer 'Yes' to the regulatory question(s), an explanation and attachment will be required related to the disciplinary action(s).

If 503B Outsourcing Facility:

• FDA number

Previous

Next

You can scroll the bar on the right to go to the bottom of the application preview page.

- l. Affirm and Submit - Select the checkbox about the swear and it will show the name of the licensee and Elec-signature and once you click Proceed to pay it will take you to the Payment page in the Affirm and Submit page (Last step). All the fields are mandatory. Once successfully submitted you will get a System generated auto reference number, if needed you can note down that System generated auto reference number for your future reference, if require.

Affirm and Submit

☐ I certify that the applicant will operate in a manner prescribed by federal and state laws and rules adopted by the board. I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.

* E-Signature of the person filling out this renewal (Type in full name)

Please enter your full name

* Date

10/28/2018

* Renewal Fee

250.00

* Select Debit or Credit :

Select Debit or Credit

* Card Type

Select Card Type

* Person's Name on Card

Person

* Card #

Card #

* Expiration Date (MM/YY)

MM/YY

* Security Code

Previous

Submit

Please note that after you click the Submit button, you cannot make changes to your application.